



CITY OF EDMONDS, 121 5TH AVE N, EDMONDS, WA 98020
APPLICATION – TAXICAB OPERATOR'S LICENSE
Edmonds City Code Chapter 4.60

Name of taxicab business: _____

Name of Applicant: _____ Driver's License No.: _____
First Name Middle Initial Last

Address: _____
Street Address

City State Zip

Place of Birth: _____ Date of Birth: _____

Please list name and address changes that have occurred within the last two years preceding the current information: _____

Previous Employment for Past Two Years:

Employer: _____ Address: _____

Telephone Number: _____ Dates of Employment: _____

Employer: _____ Address: _____

Telephone Number: _____ Dates of Employment: _____

Attach additional sheet if necessary.

Previous Record as a Taxicab Driver or Operator:

Have you ever been licensed as a taxicab driver or operator? ☐ Yes ☐ No If yes, explain:

Where: _____ When: _____

Has this license ever been suspended, revoked, or denied? ☐ Yes ☐ No If yes, for what cause:

Record of Conviction: (Note: All criminal, driving and all other court histories will be checked)

Have you ever been convicted of or forfeited bail for a crime, including all traffic offenses, for the preceding five years?

☐ Yes ☐ No If yes, give a detailed account of the charge, the approximate date, the name of the Court, and the final disposition of the charge or charges: _____

Information on Vehicles to be Operated:

Make: _____ Year: _____ Model: _____

Vehicle Identification No.: _____ Vehicle License No.: _____

Make: _____ Year: _____ Model: _____

Vehicle Identification No.: _____ Vehicle License No.: _____

Make: _____ Year: _____ Model: _____

Vehicle Identification No.: _____ Vehicle License No.: _____

Make: _____ Year: _____ Model: _____

Vehicle Identification No.: _____ Vehicle License No.: _____

Attach additional sheet if necessary.

List of Proposed Drivers (MUST BE KEPT CURRENT):

Name: *Last:* _____ *First* _____ *MI:* _____ Driver's License Number: _____

Address: _____ Home Phone #: _____

Date of Birth: _____

Name: *Last:* _____ *First* _____ *MI:* _____ Driver's License Number: _____

Address: _____ Home Phone #: _____

Date of Birth: _____

Name: *Last:* _____ *First* _____ *MI:* _____ Driver's License Number: _____

Address: _____ Home Phone #: _____

Date of Birth: _____

Attach additional sheet if necessary.

Financial Status of Applicant:

List any and all unpaid judgments and the nature of the transaction or acts giving rise to such judgment: _____

Please attach Proof of Insurance as required by ECC Section 4.60.100.

Signature of Applicant: _____ Date: _____

Subscribed and sworn before me this _____ day of _____, 201 _____

(Signature)

(Print Name)

NOTARY PUBLIC

My appointment expires: _____

ISSUANCE OF LICENSE

FEES:

Application Fee for Taxicab Operator's License (for investigation)\$100.00

Plus for each taxicab to be operated in the City of Edmonds\$30.00

Or after June 30 the fee for each taxicab shall be\$15.00

Plus for each driver (\$5 licensing fee plus \$20 investigation fee)\$25.00

Renewal for Taxicab Operator's License (for each taxicab to be operated in the City of Edmonds)\$30.00

For each previously licensed driver\$5.00

New drivers pay the \$5 licensing fee and the \$20 investigation fee\$25.00

TOTAL FEES PAID: _____

TREASURER'S RECEIPT NUMBER: _____

CONDITIONS: ☐ Yes ☐ No If yes, describe: _____

City Clerk: _____

Date: _____



